

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

25511

1. PLACE OF DEATH

County AdairRegistration District No. 4Township IrishvillePrimary Registration District No. 3001City IrishvilleSt. Irishville Ward 3

2. FULL NAME

(a) Residence, No. 1208 S. A St. Ward 3

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Jda Mahurin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 1, 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

68119

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER FATHER

13. NAME

Samuel Mahurin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

See note

15. MAIDEN NAME

Martha Louisa

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

See note

17. INFORMANT (ADDRESS)

Roy Mahurin

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Mt. Vernon Aug 12 1933

19. UNDERTAKER (ADDRESS)

Summer T. Don

20. FILED

8/1519. 33W. B. Baker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

8-10-33

22. I HEREBY CERTIFY, That I attended deceased from

8-10-33 to 8-10-33I last saw the deceased at home Death is saidto have occurred on the date stated above, at Irishville m.

The principal cause of death and related causes of importance were as follows:

apoplexy82 A 142 102

Other contributory causes of importance:

hypertension & high blood pressure

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Baker(Address) Irishville Mo

M. D.

1933-8-10
1868-9-1

64-11-9